

OMB No. 0930-0080
Approval Expires: 08-31-2007

FINAL

UNIFORM APPLICATION

FY 2007

**SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT**

42 U.S.C. 300x-21 through 300x-64

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Center for Substance Abuse Prevention

INTRODUCTION

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule (45 CFR Part 96, part XI). With regard to the requirements for Goal 8, the Annual Synar Report format provides the means for States to comply with the reporting provisions of the Synar Amendment (section 1926 of the Public Health Service Act), as implemented by the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, part IV).

Public reporting burden for this collection of information is estimated to average 470 hours per respondent for sections I-III, 40 hours per respondent for Section IV-A and 56 hours per respondent for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (OMB No. 0930-0080); 1 Choke Cherry Road, Room 7-1042, Rockville, Maryland 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is OMB No. 0930-0080.

How the application helps the Substance Abuse and Mental Health Services Administration

Part of the mission of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP) is to assist States¹ and communities to improve activities and services provided with funds from the Substance Abuse Prevention and Treatment (SAPT) Block Grant. One strategy CSAT and CSAP are using to promote increased State accountability for the management of block grant funds is the uniform application. In accordance with the block grant regulations, the States are asked to provide detailed data on expenditures of the FY 2004 SAPT Block Grant (and intended use of the FY 2007 SAPT Block Grant) and from State and local government funds. Another strategy is the State Systems Development Program and the Strategic Prevention Framework Advancement and Support project, which are enhanced technical assistance programs involving conferences and workshops, development of training materials and knowledge transfer manuals, and on-site consultation.

¹The term State is used to refer to all the States and territories eligible to receive Substance Abuse Prevention and Treatment Block Grant funds (See 42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

How the application can help States

The information gathered for the application can help States describe and analyze sub-State needs. This data can also be used to report to the State legislature and other State and local organizations. Aggregated statistical data from States' applications can demonstrate to Congress the magnitude of the national substance abuse problem. This information will also provide Congress with a better understanding of funding needs.

Where and when to submit the application

Submit one signed original of the Assurance and Certifications by October 1, 2006 to:

Ms. LouEllen M. Rice, Grants Management Officer
Substance Abuse and Mental Health Services Administration
Office of Program Services
Division of Grants Management

Regular Mail

1 Choke Cherry Road, Room 7-1091
Rockville, Maryland **20857**

Overnight mail:

(240) 276-1404
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland **20850**

Overview of the application

The application has four sections. It covers the SAPT Block Grant for the prevention and treatment of substance abuse. Some sections require the completion of standard forms.

Section	Contents	Forms
Section I	Identifying information, Table of Contents, and Funding Agreements/Certifications	Forms 1, 2, 3
Section II	Annual Report – Actual use of FY 2004 SAPT Block Grant Funds. Narrative: FY 2004 Annual Report, FY 2006 Progress Report, FY 2007 Intended Use. Attachments – Special requirements and waivers	Forms 4, 6, 6A, 7A, 7B, and Tables I through IV
Section III	State Plan – Intended use of FY 2007 SAPT Block Grant Funds	Forms 8, 9, 11,12
Section IV A	Voluntary Treatment Performance Measures	Forms T1-T7
Section IV B	Voluntary Prevention Performance Measures	Forms P1-P4

There are detailed instructions for each section and each form. All States must use this format. The structure of the application cannot be changed. It must be organized according to the Table of Contents (Form 2) that serves as a checklist and helps you ensure that your application is complete.

Each page of the application should be numbered consecutively with numbers centered at the bottom of the page. The State's name must be entered on every form. The application should be clipped or stapled securely, but not bound to hinder reproduction.

If you are using Web-BGAS, the State need only print out three Certifications/Assurances (Form 3), Assurances-Non-Construction Programs, and Certifications, sign and mail them early enough

to arrive at SAMHSA by October 1, 2006. The Disclosure of Lobbying Activities form must also be signed, if applicable.

Copies of the uniform application and forms are available in MS Word from CSAT via the SAMHSA/CSAT home page. To download the application, go to:

<http://www.tie.samhsa.gov/sapt2007.htm>

Directions to download and decompress the files are available on the page.

Footnotes

Your State may wish to add footnotes to data forms to qualify or otherwise explain data entries. You may do so on any form in the application. If you are using the Web-BGAS you should click on the footnote button and enter the information you desire. If you are using the MS Word version you may use the footnote feature found under the “Insert” pull down menu on most MS Word versions.

What to do if your State cannot complete all items in Sections I-III

If your State does not have reliable data to complete an item on the application, or if you cannot get sufficient information to respond fully by the due date, do not leave the item blank. Instead, use one of these options:

- ☐ Provide a clear explanation of your problem in obtaining the data.
- ☐ Describe the alternative method of data collection you use.
- ☐ Explain how you carry out the activity.

Whenever you have a problem completing an item, describe what kind of financial or technical assistance you would need to improve your response in future years.

Getting assistance in completing the application

If you have questions about programmatic issues, you may call CSAT’s Division of State and Community Assistance, Performance Partnership Grant Branch at (240) 276-2890 or CSAP’s Division of State and Community Assistance at (240) 276-2570 and ask for your respective State project officer or contact the State project officer directly by telephone or Internet e-mail using the directory provided (See Appendix A). If you have questions about fiscal or grants management issues, you may call the Grants Management Officer, Office of Program Services, Division of Grants Management, at (240) 276-1404.

SECTION I

This section of the application has three items:

1. Face Page (Form 1)
2. Table of Contents (Form 2)
3. Funding Agreements/Certifications (Form 3)
Assurances-Non-Construction Programs
Certifications

1. Face Page (Form 1)

This form is pre-numbered as page 3 in Web-BGAS. It requires the entry of identifying information and is self-explanatory. However, please take special note of the following:

- ✓ Item I, State Agency to be the Grantee for the Block Grant, requires both the name of the responsible agency designated by the Governor as the official grantee **and** the name of the organizational unit within that agency that administers the block grant.
- ✓ Item II, Contact Person for the Grantee of the Block Grant, requires identifying the person with overall responsibility for the block grant and providing contact information, including e-mail address.
- ✓ Item III, State Expenditure Period, is the **most recent** 12-month State expenditure period for which expenditure information is complete. This is probably the most recent State fiscal year that is closed out. When you submit next year for the FY 2008 award, your State Expenditure period will be the **next** consecutive 12-month period.
- ✓ Item IV, Date Submitted, is the calendar date on which the uniform block grant application is first submitted to SAMHSA.
- ✓ Item V, Contact Person Responsible for Application Submission, is the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the uniform block grant application.

Uniform Application for FY 2007 Substance Abuse Prevention and Treatment Block Grant	
State Name:	DUNS Number
I. State Agency to be the Grantee for the Block Grant	
Agency Name:	
Organization Unit:	
Mailing Address:	
City:	Zip Code:
II. Contact Person for the Grantee of the Block Grant	
Name:	
Agency Name:	
Mailing Address:	
City:	Zip Code:
Telephone:	Facsimile:
E-Mail:	
III. State Expenditure Period	
From:	To:
IV. Date Submitted	
Date:	Original:
	Revision:
V. Contact Person Responsible for Application Submission	
Name:	Telephone:
E-Mail:	Facsimile:

2. Table of Contents (Form 2)

The Table of Contents shows exactly how to assemble and order your application. If you are using Web-BGAS, Form 2 is a checklist that will help you see all the required Forms and checklists and those which have at least some data entered on them. Once all items listed on Form 2 are complete, a State need only read, print, sign, and mail Form 3, Assurances-Non-Construction Programs, and Certifications to complete their application.

If you are using a method other than Web-BGAS, complete the uniform application (checklists, forms, and narrative) and enter the page numbers as appropriate. Remember that every page in the application, including forms, must be consecutively numbered. The Table of Contents is pre-numbered and starts on page 2. You can still use the Table of Contents as a checklist to ensure that your application is complete.

FY 2007 Uniform Application for the Substance Abuse Prevention and Treatment Block Grant Table of Contents		
Item number	Form Description	✓
I. Identifying Information and Assurances		
1	Face Page: Uniform Application for FY 2007 Substance Abuse Prevention and Treatment Block Grant (Form 1)	
2	Table of Contents (Form 2)	
3	Funding Agreements/Certifications	
	I. Chief Executive Officer's Funding Agreements/Certifications (Form 3)	
	II. Certifications	
	III. Assurances-Non-Construction Programs	
	IV. Disclosure of Lobbying Activity	
II. Use of Substance Abuse Prevention and Treatment Block Grant Funds		
	Reporting on the Federal Requirements: FY 2004 Annual Report; FY 2006 Progress Report; FY 2007 Intended Use Plan (narrative)	
1	Goal 1: The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State.	
2	Goal 2: An agreement to spend no less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies.	
3	Attachment A: Prevention (checklist)	
4	Goal 3: An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care.	
5	Attachment B: Programs for Pregnant Women and Women with Dependent Children	
6	Goal 4: An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements.	
7	Attachment C: Programs for Intravenous Drug Users (IVDUs)	
8	Attachment D: Program Compliance Monitoring	
9	Goal 5: An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery.	
10	Goal 6: An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery.	
(Table of Contents continues on following pages.)		

FY 2007 Uniform Application for the Substance Abuse Prevention and Treatment Block Grant Table of Contents (continued)		
Item number	Form Description	✓
II. Use of Substance Abuse Prevention and Treatment Block Grant Funds (continued)		
11	Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV	
12	Goal 7: An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund.	
13	Attachment F: Group Home Entities and Programs	
14	Goal 8: An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18.	
15	Goal 9: An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care.	
16	Attachment G: Capacity Management and Waiting List Systems	
17	Goal 10: An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual.	
18	Goal 11: An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services.	
19	Goal 12: An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services.	
20	Goal 13: An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general.	
21	Goal 14: An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.	
22	Goal 15: An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant.	
23	Attachment H: Independent Peer Review	
24	Goal 16: An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure.	
25	Goal 17: An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F. R. part 54.	
26	Attachment I: Charitable Choice	
(Table of Contents continues on following pages.)		

FY 2007 Uniform Application for the Substance Abuse Prevention and Treatment Block Grant Table of Contents (continued)		
Item number	Form Description	✓
II. Use of Substance Abuse Prevention and Treatment Block Grant Funds (continued)		
27	Attachment J: Waivers	
28	Substance Abuse State Agency Spending Report (Form 4)	
29	Primary Prevention Expenditures Checklist (Form 4a)	
30	Resource Development Expenditure Checklist (Form 4b)	
31	Substance Abuse Entity Inventory	
32	<ul style="list-style-type: none"> Entity Inventory (Form 6) 	
33	<ul style="list-style-type: none"> Prevention Strategy Report Risk Strategies (Form 6A) 	
34	Treatment Utilization Matrix (Form 7A) Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use in State-Funded Services (Form 7B)	
35	Maintenance of Effort (MOE) Tables: (Single State Agency [SSA] MOE, TB MOE, HIV MOE, and Women's Base). (Tables I-IV)	
III. State Needs -Intended Use of FY 2007 Substance Abuse Prevention and Treatment Block Grant Funds		
1	Planning (narrative)	
2	Criteria for allocating funds (checklist)	
3	Treatment Needs Assessment Summary Matrix (Form 8)	
4	How Your State Determined the Form 8 Estimates	
5	Treatment needs by age, sex, and race/ethnicity (Form 9)	
6	Intended use plan	
7	<ul style="list-style-type: none"> Intended Use Plan (Form 11) 	
8	<ul style="list-style-type: none"> Primary Prevention Planned Expenditure Checklist (Form 11a) 	
9	<ul style="list-style-type: none"> Resource Development Planned Expenditure Checklist (Form 11b) 	
10	Treatment Capacity	
11	<ul style="list-style-type: none"> Treatment Capacity Matrix (Form 12) 	
12	Purchasing Services	
13	<ul style="list-style-type: none"> Methods for purchasing (checklist) 	
14	<ul style="list-style-type: none"> Methods for determining prices (checklist) 	
15	Program Performance Monitoring (checklist)	
(Table of Contents continues on following page.)		

FY 2007 Uniform Application for the Substance Abuse Prevention and Treatment Block Grant Table of Contents (continued)		
Item Number	Form Description	✓
IV A. VOLUNTARY TREATMENT PERFORMANCE MEASURES		
1	Form T1-Employment Status (from Admission to Discharge)	
2	Form T2-Homelessness: Living Status (from Admission to Discharge)	
3	Form T3-Criminal Justice Involvement (from Admission to Discharge)	
4	Form T4-Change in Abstinence: Alcohol Use (from Admission to Discharge)	
5	Form T5-Change in Abstinence: Other Drug Use (from Admission to Discharge)	
6	Form T6-Change in Social Support of Recovery (from Admission to Discharge)	
7	Form T7-Retention: Length of Stay (in Days) of Clients Completing Treatment	
IV B. VOLUNTARY PREVENTION PERFORMANCE MEASURES		
1	Form P1-Number of Persons Served	
2	Form P2-Number of Evidence-Based Programs, Practices, and Policies	
3	Form P3-Perception of Risk/Harm of and Unfavorable Attitudes Towards Substance Use by Those Under Age 21	
4	Form P4-Use of Substances During the Past 30 Days	

3. Funding Agreements/Certifications

The following three standard forms (I, II, and III) must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. The Disclosure of Lobbying Activity form must be signed, if applicable. Documentation authorizing a designee must be attached to the application.

I. Chief Executive Officer's Funding Agreements/Certifications (Form 3)

II. Certifications

Certifications 1-5 are included on OMB approved form, OMB approval # 0920-0428 which requires one signature.

1. Certification Regarding Debarment and Suspension

2. Certification Regarding Drug-Free Workplace Requirements

This certification is included in the application package. It has to be submitted only if a Statewide or agency-wide annual assurance has not been submitted to DHHS.

3. Certifications Regarding Lobbying

This certification, included in the application package, must be signed and submitted before the award of any Federal grant or cooperative agreement exceeding \$100,000.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

5. Certification Regarding Environmental Tobacco Smoke

III. Assurances-Non-Construction Programs

IV. Disclosure of Lobbying Activities

Standard Form LLL and LLL-A need only to be signed if the grantee has undertaken any lobbying during the 12 month State expenditure period designated on Form 1.

Completion of Form SF-LLL is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate.

UNIFORM APPLICATION FOR FY 2007 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT Funding Agreements/Certifications as Required by the Public Health Service (PHS) Act	
<p><i>The PHS Act, as amended, requires the chief executive officer (or an authorized designee) of the applicant organization to certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.</i></p> <p>We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.</p>	
I.	Formula Grants to States, Section 1921
	Grant funds will be expended “only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities” as authorized.
II.	Certain Allocations, Section 1922
	<ul style="list-style-type: none"> • Allocations Regarding Primary Prevention Programs, Section 1922(a) • Allocations Regarding Women, Section 1922(b)
III.	Intravenous Drug Abuse, Section 1923
	<ul style="list-style-type: none"> • Capacity of Treatment Programs, Section 1923(a) • Outreach Regarding Intravenous Substance Abuse, Section 1923(b)
IV.	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924
V.	Group Homes for Recovering Substance Abusers, Section 1925
	Optional beginning FY 2001 and subsequent fiscal years. Territories as described in Section 1925(c) are exempt.
	The State “has established, and is providing for the ongoing operation of a revolving fund” in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.
VI.	State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18, Section 1926:
	<ul style="list-style-type: none"> • The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1). • The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1). • The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).
VII.	Treatment Services for Pregnant Women, Section 1927
	The State “...will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant.”
VIII.	Additional Agreements, Section 1928
	<ul style="list-style-type: none"> • Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a) • Continuing Education, Section 1928(b) • Coordination of Various Activities and Services, Section 1928(c) • Waiver of Requirement, Section 1928(d)

IX.	Submission to Secretary of Statewide Assessment of Needs, Section 1929
X.	Maintenance of Effort Regarding State Expenditures, Section 1930
	With respect to the principal agency of a State, the State “will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.”
XI.	Restrictions on Expenditure of Grant, Section 1931
XII.	Application for Grant; Approval of State Plan, Section 1932
XIII.	Opportunity for Public Comment on State Plans, Section 1941
	The plan required under Section 1932 will be made “public in such a manner as to facilitate comment from any person (including any Federal person or any other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.
XIV.	Requirement of Reports and Audits by States, Section 1942
XV.	Additional Requirements, Section 1943
XVI.	Prohibitions Regarding Receipt of Funds, Section 1946
XVII.	Nondiscrimination, Section 1947
XVIII.	Services Provided By Nongovernmental Organizations, Section 1955
	I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.
State:	
Name of Chief Executive Officer or Designee:	
Signature of CEO or Designee:	
Title:	Date Signed:
If signed by a designee, a copy of the designation must be attached	

<p>1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION</p> <p>The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:</p> <ul style="list-style-type: none"> (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. <p>Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.</p> <p>The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.</p>	<p>2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS</p> <p>The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:</p> <ul style="list-style-type: none"> (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dis-pensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition; (b) Establishing an ongoing drug-free awareness program to inform employees about – <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will – <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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<p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –</p> <ol style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; <p>(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).</p> <p>For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:</p> <p>Office of Grants and Acquisition Management Office of Grants Management Office of the Assistant Secretary for Management and Budget Department of Health and Human Services 200 Independence Avenue, S.W., Room 517-D Washington, D.C. 20201</p> <p>3. CERTIFICATION REGARDING LOBBYING</p> <p>Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).</p> <p>The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:</p> <ol style="list-style-type: none"> (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any 	<p>person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.</p> <ol style="list-style-type: none"> (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.) (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. <p>This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p> <p>4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)</p> <p>The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.</p>
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<p>5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE</p> <p>Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.</p> <p>Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.</p>	<p>By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.</p> <p>The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.</p> <p>The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.</p>	
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)		
1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Congressional District, if known: _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
6. Federal Department/Agency: 	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i> 	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i> 	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Reporting Entity:

Page

of

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

SECTION II: ANNUAL REPORT ACTUAL USE OF FY 2004

SAPT BLOCK GRANT FUNDS

This section documents how the State used the FY 2004 award to meet the goals, objectives, and activities described in the application for those funds. Therefore, it is helpful to review the FY 2004 application (and any modifications or revisions that may have been made) before you complete this section. This information is required by section 1942 of the Public Health Service (PHS) Act (See 42 U.S.C. 300x-52). It addresses the report requirements of the SAPT Block Grant.

Section II refers to the statutory and regulatory requirements of the PHS Act, as amended (See 42 U.S.C. 300x-21 et. seq. and 45 C.F.R. Part 96).

By the time you complete this report, the State will have **spent** the FY 2004 block grant award. Therefore, all financial data requested should be available to you.

This section has five items. It requires completing four checklists, addressing the 17 Federal Goals for the FY 2004, 2006, and 2007 narratives, five forms, and four tables. Here is an overview of the requirements.

	Item	What you need to submit
1.	FY 2004 SAPT Block Grant	Authorized Allocation
2.	How substance abuse funds were used: FY 2004 Annual Report; FY 2006 Progress Report; FY 2007 Intended Use; and Attachments (A-J).	Narrative, Form 4 and four checklists
3.	Entity Inventory; Prevention Strategy Report	Form 6 and Form 6A
4.	Treatment Utilization Matrix; Number of Persons Served for Alcohol and Other Drug Use in State-Funded Services By Age, Sex, and Race/Ethnicity (Unduplicated Count)	Form 7A and Form 7B
5.	Maintenance of Effort (MOE) Tables: Total Single State Agency Expenditures for Substance Abuse; Statewide Non-Federal Expenditures for Tuberculosis Services for Substance Abusers in Treatment; Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment; and Expenditures for Services to Pregnant Women and Women With Dependent Children (Maintenance)	Tables I – IV

1. FY 2004 SAPT Block Grant.

Your annual SAPT Block Grant Award \$_____ for FY 2004 is reflected on line 8 of the Notice of Block Grant Award. If you use Web-BGAS the data will be entered automatically for you.

2. How substance abuse funds were used and intended (narrative).

NARRATIVES (FEDERAL GOALS FY 2004, FY 2006, AND FY 2007) AND ATTACHMENTS

Except for Federal Goal 8 and optional Federal Goal 7, narratives for the Federal Goals must be addressed for FY 2004, 2006, and 2007 under each Federal Goal respectively.

In addressing Federal Goal 8, indicate whether or not the FY 2007 Synar report (See 42 U.S.C. 300x-26) is included with the FY 2007 uniform application. If the answer is no, indicate when the State plans to submit the report.

In addressing the Federal Goals for **FY 2004** describe, in a brief narrative, how the SAPT Block Grant funds were used to meet the **treatment and primary prevention goals, objectives, and activities** spelled out in the State's FY 2004 application. Be sure to specify the primary prevention activities performed for each of the six strategies. Include a description of the State's policies, procedures, and laws regarding substance abuse treatment, and information on what programs and activities were supported, what services were provided, and what progress was made (See 42 U.S.C. 300x-52 and 45 C.F.R. 96.122(f)(1)(ii)).

In addressing the Federal Goals for **FY 2006**, provide a description of the State's progress in meeting the **treatment and primary prevention goals, objectives, and activities** included in the FY 2006 application and a brief description of the recipients of block grant funds. For primary prevention, the description should also address the State's progress in performing the activities for the six strategies articulated in the FY 2006 application, as well (See 42 U.S.C. 300x-52 and 45 C.F.R. 96.122(f)(5)(i)).

In addressing the Federal Goals for **FY 2007**, describe the State's intended use of block grant funds and the specific **treatment and primary prevention goals, objectives, and activities** the State will carry out to achieve these objectives. At a minimum, the narrative must address the following:

In an effort to provide more concrete guidance on the essential points that must be covered in the narratives, the following questions must be addressed when responding to each.

- (1) Who will be served – describe the target population and provide an estimate of the number of persons to be served in the target population;
- (2) What activities/services will be provided, expanded, or enhanced – this may include activities/services by treatment modality or prevention strategy;

- (3) When will the activities/services be implemented (date) – for ongoing activities/services, include information on the progress toward meeting the goals including dates on which integral activities/services began or will begin;
- (4) Where in the State (geographic area) will the activities/services be undertaken – this may include counties, districts, regions, or cities;
- (5) How will the activities/services be operationalized – this may be through direct procurement, subcontractors or grantees, or intra governmental agreements.

As an example, in response to the narrative on planned activities/services regarding the expansion of existing or creation of new programs for pregnant women and women with dependent children, a State might provide the following information:

“It is planned in FY 2007 to provide residential treatment services to 200 women with dependent children. In addition to providing residential treatment for women, facilities will be provided to allow the housing of minor children during the course of the treatment episode. This program is scheduled to be implemented in May 2007 in the four counties of the State that have the highest prevalence of substance abuse among women. We intend to fund this activity through a competitive contract with licensed, accredited providers in the four counties.”

To complete the 17 Federal goals, objectives, and activities for the intended use plan, please address the Federal block grant requirements in a separate section **first** and then you may add an additional section describing other State requirements. List the specific objectives under each requirement and goal in priority order. Describe what activities the State plans to undertake to achieve these objectives. Include key elements in the State’s strategy to improve existing programs, create new ones, and remove barriers to improvement and expansion. Keep your discussion of **each** goal or requirement, its objectives, and activities to **no more than one page per reporting year**.

The application requires 10 attachments (A-J). These are in narrative or checklist form and follow the related Federal goals below.

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Attachment A: Prevention

Answer the following questions about the **current year** status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 objectives. References to these objectives are provided for each applicable question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

☐ Yes ☐ No ☐ Unknown

2. Does your state conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

☐ Yes ☐ No ☐ Unknown

3. Does your State alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT BLOCK
GRANT

☐ Yes
☐ No
☐ Unknown

OTHER STATE FUNDS

☐ Yes
☐ No
☐ Unknown

DRUG FREE
SCHOOLS

☐ Yes
☐ No
☐ Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

☐ Yes ☐ No ☐ Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education bureau? ☐ Yes ☐ No ☐ Unknown

Dissemination of materials? ☐ Yes ☐ No ☐ Unknown

Media campaigns? ☐ Yes ☐ No ☐ Unknown

Product pricing strategies? ☐ Yes ☐ No ☐ Unknown

Policy to limit access? ☐ Yes ☐ No ☐ Unknown

6. Does your State now have laws that provide for administrative suspension or revocation of drivers' licenses for those determined to have been driving under the influence of intoxicants? (HP 26-24)

☐ Yes ☐ No ☐ Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as (HP 26-11c, 12, 23):

Restrictions at recreational and entertainment events at which youth made up a majority of participants/consumers?

☐ Yes ☐ No ☐ Unknown

New product pricing?

☐ Yes ☐ No ☐ Unknown

New taxes on alcoholic beverages?

☐ Yes ☐ No ☐ Unknown

New laws or enforcement of penalties and license revocation for sale of alcoholic beverages to minors?

☐ Yes ☐ No ☐ Unknown

Parental responsibility laws for a child's possession and use of alcoholic beverages?

☐ Yes ☐ No ☐ Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

☐ Yes ☐ No ☐ Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4, if available)

	<u>Age 0-5</u>	<u>Age 6-11</u>	<u>Age 12-14</u>	<u>Age 15-18</u>
Cigarettes	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25)

Motor vehicle drivers age 21 and older? _____
 Motor vehicle drivers under age 21? _____

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other drug abuse prevention (HP 26-3)? _____

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences, (HP 26-11 and 26-16)?

☐ Yes ☐ No ☐ Unknown

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Attachment B: Programs for Pregnant Women and Women with Dependent Children
(See 42 U.S.C. 300x-22(b); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))

For the fiscal year three years prior (FY 2004) to the fiscal year for which the State is applying for funds:

Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2004. In a narrative of **up to two pages**, describe these funded projects.

The PHS Act required the State to expend at least 5 percent of the FY 1993 and FY 1994 block grants to increase (relative to FY 1992 and FY 1993, respectively) the availability of treatment services designed for pregnant women and women with dependent children. In the case of a grant for any subsequent fiscal year, the State will expend for such services for such women not less than an amount equal to the amount expended by the State for fiscal year 1994.

In up to four pages, answer the following questions:

1. Identify the name, location (include sub-State planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) number), level of care (refer to definitions in Section II.4), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.
2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FY 2004 block grant and/or State funds?
3. What special methods did the State use to **monitor** the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?
4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?
5. What did the State do with FY 2004 block grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Attachment C: Programs for Intravenous Drug Users (IVDUs)

(See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))

For the fiscal year three years prior (FY 2004) to the fiscal year for which the State is applying for funds:

1. How did the State define IVDUs in need of treatment services?
2. What did the State do to ensure compliance with 42 U.S.C. 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FY 2004 SAPT Block Grant funds (See 45 C.F.R. 96.126(a))?
3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?
4. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this was done. Please provide a list of all such programs that notified the State during FY 2004 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).
5. 42 U.S.C. 300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).
6. 42 U.S.C. 300x-23(b) requires any program receiving amounts from the grant to provide treatment for intravenous drug abuse to carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDUs was accomplished (See 45 C.F.R. 96.126(e)).

Attachment D: Program Compliance Monitoring
(See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FY 2005) to the fiscal year for which the State is applying for funds:

In up to three pages provide the following:

- A description of the strategies developed by the State for monitoring compliance with each of the sections identified below:
 1. **Notification of Reaching Capacity** 42 U.S.C. 300x-23(a)
(See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));
 2. **Tuberculosis Services** 42 U.S.C. 300x-24(a)
(See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii)); and
 3. **Treatment Services for Pregnant Women** 42 U.S.C. 300x-27(b)
(See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).
- A description of the problems identified and corrective actions taken.

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):**Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV**
(See 45 C.F.R. 96.122(f)(1)(x))**For the fiscal year three years prior (FY 2004) to the fiscal year for which the State is applying for funds:**

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated State," provide funds expended (or obligated), for early intervention services for HIV.

Examples of **procedures** include, but are not limited to:

- development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOA) and Memoranda of Understanding (MOU);
- the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- the role of the single State authority for public health and communicable diseases.

Examples of **activities** include, but are not limited to:

- the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
- the number and geographic locations (include sub-State planning area) of projects delivering early intervention services for HIV;
- the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- technical assistance.

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25 and 45 C.F.R. 96.129). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2004 (Compliance): (participation OPTIONAL)

FY 2006 (Progress): (participation OPTIONAL)

FY 2007 (Intended Use): (participation OPTIONAL)

Attachment F: Group Home Entities and Programs

(See 42 U.S.C. 300x-25; 45 C.F.R. 96.129; and 45 C.F.R. 96.122(f)(1)(vii))

If the State has chosen in Fiscal Year 2004 to participate and continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund then Attachment F must be completed.

Provide a list of all entities that have received loans from the revolving fund during FY 2004 to establish group homes for recovering substance abusers. In a narrative of **up to two pages**, describe the following:

- the number and amount of loans made available during the applicable fiscal years;
- the amount available in the fund throughout the fiscal year;
- the source of funds used to establish and maintain the revolving fund;
- the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered;
- the private, nonprofit entity selected to manage the fund;
- any written agreement that may exist between the State and the managing entity;
- how the State monitors fund and loan operations; and
- any changes from previous years' operations.

GOAL # 8. An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

- Is the State's FY 2007 Annual Synar Report included with the FY 2007 uniform application?
Yes _____ No _____
- If No, please indicate when the State plans to submit the report: _____
mm/dd/2006

Note: The statutory due date is December 31, 2006.

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Attachment G: Capacity Management and Waiting List Systems
(See 45 C.F.R. 96.122(f)(3)(vi))

For the fiscal year two years prior (FY 2005) to the fiscal year for which the State is applying for funds:

In **up to five pages**, provide a description of the State's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women (See 45 C.F.R. 96.126(c) and 45 C.F.R. 96.131(c), respectively). This report should include information regarding the utilization of these systems. Examples of **procedures** may include, but not be limited to:

- development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;
- the role of the Single State Authority (SSA) for substance abuse prevention and treatment;
- the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and
- the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of **activities** may include, but not be limited to:

- how interim services are made available to individuals awaiting admission to treatment;
- the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and
- technical assistance.

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 12. An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Attachment H: Independent Peer Review (See 45 C.F.R. 96.122(f)(3)(v))

For the fiscal year two years prior (FY 2005) to the fiscal year for which the State is applying for funds:

In **up to three pages** provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2004 (See 42 U.S.C. 300x-53(a)(1) and 45 C.F.R. 96.136).

Examples of **procedures** may include, but not be limited to:

- the role of the single State authority (SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review;
- the role of the State Medical Director for Substance Abuse Services in the development of such procedures;
- the role of the independent peer reviewers; and
- the role of the entity(ies) reviewed.

Examples of **activities** may include, but not be limited to:

- the number of entities reviewed during the applicable fiscal year;
- technical assistance made available to the entity(ies) reviewed; and
- technical assistance made available to the reviewers, if applicable.

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007(Intended Use):

GOAL #17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations).

FY 2004 (Compliance): Not Applicable

FY 2006 (Progress):

FY 2007 (Intended Use):

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider (“alternative provider”) to which the program beneficiary (“services recipient”) has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

Attachment I: Charitable Choice

For the fiscal year prior (FY 2006) to the fiscal year for which the State is applying for funds provide a description of the State’s procedures and activities undertaken to comply with the provisions.

Notice to Program Beneficiaries – Check all that apply:

- ☐ Use model notice provided in final regulations.
- ☐ Use notice developed by State (attached copy).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services – Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA’s Treatment Facility Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☐ _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers (“alternative providers”), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Attachment J: Waivers

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

- ☐ To expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(b)(2) and 45 C.F.R. 96.124(d)).
- ☐ Rural area early intervention services HIV requirements (See 42 U.S.C. 300x-24(b)(5)(B) and 45 C.F.R. 96.128(d))
- ☐ Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x-28(d) and 45 C.F.R. 96.132(d))
- ☐ Statewide maintenance of effort (MOE) expenditure levels (See 42 U.S.C. 300x-30(c) and 45 C.F.R. 96.134(b))
- ☐ Construction/rehabilitation (See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

Description of Calculations

In a brief narrative, provide a description of the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by 42 U.S.C. 300x-22(b)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. 300x-24(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by 42 U.S.C. 300x-24(d) (See 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

Preparing to complete the Substance Abuse State Agency Spending Report (Form 4)

This form requires you to enter amounts of funds, by source, for each kind of activity. You will enter **only** funds flowing through the principal agency of the State that administered the SAPT Block Grant. Amounts must be entered in whole dollar amounts. Before you begin completing the form, do the following:


- Enter the State's name in the box at the upper **left**.
- Enter in the box at the upper **right** the dates of the State expenditure period you identified on the Face Page (Form 1).
- Read the instructions carefully.
- Study the definitions of the row and column headings.

How to complete Form 4

First review the definitions of the activities listed at the left. Then make sure you understand which fund sources are entered in column A and which ones are entered in columns B through F.

Rows 1 through 5 – Activities

Rows 1 through 5 describe typical activities funded by the agency administering the SAPT Block Grant.

 Note: Do not include expenditures for primary prevention in Row 1.

Row 1: Substance Abuse Treatment and Rehabilitation – This includes direct services to patients, such as outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, residential rehabilitation including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration. Early intervention activities and treatment (other than primary prevention), substance abuse treatment and rehabilitation activities should be included as part of row 1.

Row 2: Primary Prevention – This row collects information on primary prevention activities funded under the FY 2004 SAPT Block Grant. Primary prevention includes activities directed at individuals who do not require treatment for substance abuse. Such activities may include education, counseling, and other activities designed to reduce the risk of substance abuse by individuals. Note that under the SAPT Block Grant statute, **early intervention activities should not be included as part of primary prevention**.

Row 3: Tuberculosis Services – This row collects information on tuberculosis services made available to individuals receiving treatment for substance abuse. Tuberculosis services include counseling, testing, and treatment for the disease. Funds made available from the grant to

provide such services, either directly or through arrangements with other public or nonprofit private entities, should be recorded on row 3, column A.

Row 4: HIV Early Intervention Services – This row collects information on 1 or more projects established to make available early intervention services for HIV disease at the sites in which individuals are receiving treatment for substance abuse. Funds made available from the grant ≥ 2 percent ≤ 5 percent, to establish such projects should be recorded on row 4, column A. This row is applicable to those “designated States” whose rate of cases of acquired immune deficiency syndrome is equal to or greater than the case rate specified in the statute (see 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128). The case rate data, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which such data are available,² refers to such data that is available on or before October 1 of the fiscal year for which the State is applying for a grant.

Row 5: Administration – This includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs in large departments and agencies. For FY 2004, a maximum of 5 percent of the SAPT Block Grant may have been spent on administration at the State level.

Do not account for administration at the program (or service provider) level on this row. Program level administration expenditures should be accounted for in Rows 1 - 4 above, as appropriate.

Row 6: Column Total – Use this row to enter the total of Rows 1 through 5. The column A total amount should equal the amount of and may not exceed the FY 2004 SAPT Block Grant that appears on line 8 of the Notice of Block Grant Award (NGA).

Column A – Expenditures of SAPT Block Grant

Use this column to record your State’s use of FY 2004 SAPT Block Grant awards. In column A, enter FY 2004 block grant funds that were spent on each activity. Remember to enter amounts in whole dollar amounts.

Columns B through F – Expenditures of other funds

Use these columns to report on funds from other sources spent by the designated substance abuse agency **during the 12-month expenditure period you entered in the box.** Thus, the time period on which you report here is different from the one covered by column A. Here are the definitions for each column:

² Table 2, **AIDS cases and annual rates (per 100,000 population), by area and age group, reported through 2001 -United States**, HIV/AIDS Surveillance Report, 2001 (Vol. 13, No. 2). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (pages 1-44). Also available at “<http://www.cdc.gov/hiv/stats/hasr1302/table2.htm>.”

Column B: Medicaid – Enter the total of all Federal, State and local match Medicaid funds in this column.

Column C: Other Federal funds – This includes all other Federal funds for substance abuse that flow through the principal agency. Examples are HHS or other Federal categorical grant funds, Medicare, other public welfare funds such as Food Stamps (Title VIII), other public third party funds such as CHAMPUS, the Social Services Block Grant (Title XX), and the Maternal and Child Health Block Grant (Title V). Do not include Federal funds that go through other State offices/agencies or directly to providers.

Column D: State funds – This includes all State general funds or special appropriations administered by the principal agency, such as fines, fees, and earmarked taxes. This column provides an estimate of annual State funding.

Column E: Local funds – This includes appropriations from local government entities such as cities, other municipalities, special tax districts, and counties. Remember that local Medicaid match funds were reported in column B. Do not report them again here.

Column F: Other funds – This includes funds from all other sources such as patient fees, nonprofit private entities like the United Way and the Robert Wood Johnson Foundation, and private third party payers such as Blue Cross/Blue Shield, health maintenance organizations, and other commercial insurers. If your agency receives no local or other funds, enter zeroes in columns E and F.

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT (Include ONLY funds flowing through your agency.)							
State:		Dates of State expenditure period: from _____ to _____ (Same as Form 1)					
	SOURCE OF FUNDS						
ACTIVITY (See instructions for using Row 1)	A. SAPT Block Grant FY 2004 Award (spent)		B. Medicaid (Federal, State, and Local)	C. Other Federal funds (e.g., Medicare, other public welfare)	D. State funds	E. Local funds (Excluding local Medicaid)	F. Other
1. Substance Abuse Treatment and Rehabilitation							
2. Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. Administration (excluding program/provider level)							
6. Column Total							

Detailing expenditures on primary prevention (Row 2)

There are six primary prevention strategies typically funded by principal agencies administering the SAPT Block Grant. Here are the definitions of those strategies. PLEASE NOTE: CATEGORY FOR REPORTING COSTS ASSOCIATED WITH IMPLEMENTING SECTION 1926–TOBACCO.

Primary Prevention Expenditures Checklist

Information Dissemination – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

Education – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

Alternatives – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities.

Problem Identification and Referral – This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Community-based Process – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

Environmental – This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.

Other – The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies it may be classified in the “Other” category.

Costs Associated with the Development and Conduct of Random, Unannounced Tobacco

Inspections – Include aggregate costs associated with carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections. Now refer back to Form 4 and look at all the entries you made on row 2 primary prevention. Use the table below to indicate how much funding supported each of the six

strategies. Enter in whole dollar amounts. For sources of funds other than the SAPT Block Grant, report **only** those funds made available during the expenditure period identified on Form 4.

Form 4a. Primary Prevention Expenditures Checklist

	Block Grant FY 2004	Other Federal	State	Local	Other
Information Dissemination	\$	\$	\$	\$	\$
Education	\$	\$	\$	\$	\$
Alternatives	\$	\$	\$	\$	\$
Problem Identification & Referral	\$	\$	\$	\$	\$
Community-based process	\$	\$	\$	\$	\$
Environmental	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Section 1926 - Tobacco	\$	\$ *	\$ *	\$ *	\$ *
TOTAL	\$	\$	\$	\$	\$

*Please list all sources, if possible (e.g., Center for Disease Control and Prevention block grant, foundations).

How to report expenditures on substance abuse resource development activities

Expenditures on resource development activities may involve the time of State or sub-State personnel, or other State or sub-State resources. These activities may also be funded through contracts, grants, or agreements with other entities. Look at the following definitions to see if your State made these kinds of expenditures with the **FY 2004 block grant award** (column A on Form 4). Your State may use different terminology or a different classification system to describe these kinds of activities. Just do the best you can in converting your terminology into these seven categories.

Planning, coordination, and needs assessment – This includes State, regional, and local personnel salaries prorated for time spent in planning meetings, data collection, analysis, writing, and travel. It also includes operating costs such as printing, advertising, and conducting meetings. Any contracts with community-based organizations or local governments for planning and coordination fall into this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.

Quality assurance – This includes activities to assure conformity to acceptable professional standards and to identify problems that need to be remedied. These activities may occur at the State, sub-State, or program level. Sub-State administrative agency contracts to monitor service providers fall in this category, as do independent peer review activities.

Training (post-employment) – This includes staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse services delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

Education (pre-employment) – This includes support for students and fellows in vocational, undergraduate, graduate, or postgraduate programs who have not yet begun working in substance abuse programs. Costs might include scholarship and fellowship stipends, instructor(s) and support staff salaries, and operating expenses.

Program development – This includes consultation, technical assistance, and materials support to local providers and planning groups. Generally these activities are carried out by State and sub-State level agencies.

Research and evaluation – This includes program performance measurement, evaluation, and research, such as clinical trials and demonstration projects to test feasibility and effectiveness of a new approach. These activities may have been carried out by the principal agency of the State or an independent contractor.

Information systems – This includes collecting and analyzing treatment and prevention data to monitor performance and outcomes. These activities might be carried out by the principal agency of the State or an independent contractor.

Form 4b. Resource Development Expenditure Checklist

Now complete the following checklist:

Did your State fund resource development activities from the FY 2004 block grant?

☐ Yes ☐ No

If **yes**, show the actual or estimated amounts spent. These amounts may be part of the SAPT Block Grant funds shown on Form 4 in Column A under lines 1 through 5: (1) Substance Abuse Treatment and Rehabilitation, (2) Primary Prevention, (3) Tuberculosis Services, (4) HIV Early Intervention Services, and (5) Administration (excluding program/provider level). Note that in describing resource expenditures, you are **not** limited to line 5 (Administration) funds alone.

List your expenditures in the following three columns: (1) **Treatment**, showing amounts spent for treatment resource development; (2) **Prevention**, showing amounts spent for primary prevention resource development; and (3) **Additional Combined Expenditures**, showing amounts for resource development in situations where you cannot separate out the amounts devoted specifically to treatment or prevention. **For column 3, do not include any amounts listed in columns 1 and 2.**

Column 4, **Total**, shows the sum of all expenditures listed on that line in columns 1, 2, and 3. Enter amounts in whole dollars.

	<u>Treatment</u>	<u>Prevention</u>	<u>Additional Combined</u>	<u>Total</u>
<input type="checkbox"/> Planning, coordination, and needs assessment	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Quality assurance	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Training (post-employment)	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Education (pre-employment)	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Program development	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Research and evaluation	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Information systems	\$_____	\$_____	\$_____	\$_____
TOTAL	\$=====	\$=====	\$=====	\$=====

Please indicate whether expenditures on resource development activities are actual or estimated.

☐ Actual ☐ Estimated

3. Substance Abuse Entity Inventory (Form 6)

This item documents the activities for which FY 2004 funds were expended by entity. This information is required by CSAT to meet its obligations under the Federal Managers Financial Integrity Act of 1982 (See 31 U.S.C. 3512). The item requires completion of the Substance Abuse Entity Inventory followed by a listing of entities without an Inventory of Substance Abuse Treatment Services (I-SATS) ID that received funds from the FY 2004 SAPT Block Grant to provide substance abuse prevention and treatment services.

The term “entities” is used to cover State and non-State providers, sub-recipient agencies and contractors, grantees, and other programs or entities directly funded by the State. It includes all direct providers of substance abuse prevention activities and treatment services. Expenditures, including grants and contracts of \$25,000 or less for similar purposes and similar areas, may be aggregated into a single line in column 1 if these funds are used by the same State ID/I-SATS ID number. Include only those entities that receive block grant funds.

Form 6 combines a great deal of important information. It identifies how and where each entity used FY 2004 block grant funds and how much of the funding went to substance abuse prevention and treatment services (other than primary prevention), primary prevention activities, services for HIV early intervention and services for pregnant women and women with dependent children.

Preparing to complete Form 6

Make a list of all entities that received FY 2004 block grant funds and/or to which FY 2004 block grant funds have been obligated. Each entity must have a unique number. You can either number the list consecutively, starting with 1, **or** use unique State identifier numbers. It does not matter which entity goes first on the list. If an entity has an Inventory of Substance Abuse Treatment Services (I-SATS) ID, place that ID number after the name. If your State funded direct service providers have not yet been assigned a number, call the contractor for the Office of Applied Studies, SAMHSA, Ms. Tara Jones at 703-807-2351 or contact her by email at taran@smdi.com, to obtain one or complete the list attached to Form 6 (described immediately before Form 6A). If you are not using Web-BGAS, you will need multiple copies of the form. Enter the State’s name on each copy.

How to complete Form 6

(Please note this form has changed to remove unnecessary columns and to simplify the format.) This form should be filled out in two stages. The first stage involves completion of columns 1 through 3. These columns record information about the entity. The second stage involves completion of columns 4 through 7. These columns record information about the use of funds.

Detailed instructions for each stage follow on the next page.

Stage one: Entering entity information (Columns 1 through 3)

First complete columns 1 through 3 for each entity on your list, starting with the first one.

Column 1: Entity number – This is the number from the entity list you assembled in preparing to complete the form.

Column 2: I-SATS ID – If the entity has an I-SATS ID, enter that number here. Place an “X” in the box if the entity has no I-SATS ID.

Column 3: Area served – This column shows the geographical area served by the entity and involves coded entries. Enter the code you assigned for the sub-State area(s) that the entity serves. Each State may elect how to define its sub-State planning areas. Please append a definition of each sub-State planning area by geographic entity. As an example, if sub-State planning area A comprises four counties, list the county names; if sub-State planning area A is a major metropolitan area and sub-State planning area B comprises the surrounding counties, provide that information. States are encouraged to keep the number of areas to a minimum; however, States must identify at least two sub-State planning areas. These same areas will be used in the needs assessment required in Section III of this application.

- ☞ An entity may serve the whole State (Statewide) or an entity may serve several areas. For example, entity 1 is a program that serves the entire State. When completing column 3 for this entity, enter a code of ‘99.’
- ☞ When using the electronic Web Block Grant Application System (Web BGAS), a code of ‘99’ must be entered for any ‘Statewide’ program. No other code will be accepted by the program.

When an entity serves more than one sub-State Planning Areas(s) (SPAs), you will use multiple lines. For example, entity 2 serves two of the SPAs your State designates. You must complete columns 1-3 in one row for the first SPA the entity serves. You must then complete columns 1-3 of a second row for the second SPA the entity serves.

Stage two: Entering funding information (Columns 4 through 7)

These columns describe funding to providers and other entities and how the funding was used for substance abuse prevention activities and treatment services. They require distributing the funding in various ways. Remember that you have to fill out all these columns for **every** line you completed in stage one. If a column is **not** applicable to a given line, put a zero in that column. All of the columns, with the exception of column 4, refer to SAPT Block Grant funding only.

Column 4: State funds – Include all State funds spent **during the 12-month State expenditure period you designated on Form 4.** These funds were reported in column D on Form 4.

- ☞ Columns 5 through 7 refer **only** to the portion of the **FY 2004** block grant award that went to either direct or indirect service providers, i.e., entities. Do **not** include funds spent on State staff or administration.

Column 5: SAPT Block Grant funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services –Enter the amount of funds from the FY 2004 award for this purpose. **This includes funds used for alcohol and drug prevention (other than primary prevention) and treatment activities.** This also includes direct services to patients, such as outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, residential rehabilitation including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration. Early intervention activities and treatment (other than primary prevention), substance abuse treatment and rehabilitation activities should be included as part of row 1. Do **not** include funds for administration cost in this column.

Column 5a: SAPT Block Grant funds for Pregnant Women and Women with Dependent Children - Enter the amount of funds from the FY 2004 award for this purpose. This includes treatment for pregnant women and women with dependent children, and women in treatment for prenatal care and childcare. Direct services for tuberculosis funded out of the FY 2004 award should be reported in this column. Do **not** include funds for administration costs in this column.

Column 5a is a subset of the expenditures reported in column 5. For example, a provider may operate an alcohol treatment program targeted toward women. The FY 2004 block grant funding for this provider would be entered twice, first in column 5 and again in column 5a.

Column 6: SAPT Block Grant funds for primary prevention – Enter the amount of funds from the FY 2004 award for this purpose. This includes funds for education and counseling, and for activities designed to reduce the risk of substance abuse. Do **not** include funds for administration cost in this column.

Column 7: SAPT Block Grant funds for HIV Early Intervention Services – Enter the amount of funds from the FY 2004 award for this purpose, if applicable. Include funds for pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from the disease. Include the cost of making referrals to other treatment providers in this item. Do **not** include funds for administration cost in this column.

Provider Address List to be attached to Form 6

Immediately following the Substance Abuse Entity Inventory form, insert a list of each entity that does **not** have a I-SATS ID number and provide the entity's **name, street address, city/state (including zip code), and telephone number (including area code).** Use the same unique identifying number that you provided on Form 6 in column 1. **(If your State is submitting an electronic application, enter this list as records in the screens immediately following Form 6.)**

Page ____ of ____ pages

SUBSTANCE ABUSE ENTITY INVENTORY

(Complete columns 1-3 first. Then complete columns 4-7 for each entry.)

State:**FISCAL YEAR 2004**

1. Entity Number	2. National Register (I-SATS) ID Mark [X] box if no ID	3. Area Served 99-Statewide or Enter Sub-State Area Code (Enter only one SPA Per Line)	4. State Funds (Spent during State Expenditure Period.)	5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention.	7. SAPT Block Grant Funds for Early Intervention Services for HIV (If Applicable)
	[]						
	[]						
	[]						
	[]						
	[]						

Prevention Strategy report (Form 6A)

NOTE: Completion of portions of this form will be optional for a further three years except for column B. During this time, SAMHSA would like to continue to work with the States to refine and finalize this form. SAMHSA is especially interested in developing common definitions for the elements being reported and identifying data sources which may be used to provide these data. States are requested to complete the form as completely as possible (e.g., at least column B and as much more as possible). Provide any comments that will enhance the meaningfulness of the information and aid in improving the completeness, validity and reliability of the data.

The Prevention Strategy Report requires additional information (in accordance with section 1929 of the PHS Act) about the primary prevention activities conducted by the entities listed on Form 6, column 7. It seeks further information on the specific strategies and activities being funded by the principal agency of the State that addresses the sub-populations at risk for alcohol, tobacco, and other drug (ATOD) use/abuse.

Instructions for completing Form 6A

This form has three columns. The first column seeks information about the sub-populations at risk that are being addressed by the State's primary prevention program; the second column seeks information about the specific primary prevention strategy(ies) and activities being employed to address each of these risk categories; and the third column seeks information about the total number of providers carrying out each of the activities reported in column B. States are required only to complete column B each year and are strongly encouraged to complete the other 2 columns, where possible. If the State completes optional column A, it need only report on those risk categories that were considered appropriate for its primary prevention program and that were addressed during the reporting year. In completing Column B, the State need only report on those strategies and activities that were considered appropriate and that were conducted during the reporting year.

Column A: Risk categories

States are asked to list each of the sub-populations at risk toward which their primary prevention program is directed. One risk category should be listed on each line. The risk categories and codes are listed below. (SAMHSA recognizes that resource limitations may result in a State's addressing only those risk categories of greatest concern.) For any risk category not listed below, code the category using codes beginning with "11" and enter a description on the same line. For example, if your State uses three risk categories that do not fit into any of the categories below, enter the code "11" and description of the category. The second category would be coded as "12" and its description beside it. The third category would be coded as "13", etc.

- | | |
|----|---------------------------------|
| 01 | Children of substance abusers |
| 02 | Pregnant women/teens |
| 03 | Drop-outs |
| 04 | Violent and delinquent behavior |
| 05 | Mental health problems |

- 06 Economically disadvantaged
- 07 Physically disabled
- 08 Abuse victims
- 09 Already using substances
- 10 Homeless and/or runaway youth
- 11 Other, specify

Column B: Strategy/activity

This column describes the primary prevention strategy/activity or strategies and activities used by the principal agency of the State to address each of the risk categories identified in column A and involves coded entries listed below. The definitions for these strategies have been provided in the block grant regulations and are repeated in Section III of this Application. If a State employs strategies not covered by these six categories, please report these under “Other Strategies.”

A State may employ several strategies and activities for each risk category. For example, it may provide both parenting classes and a clearinghouse. Each strategy used to address a risk category should be listed on a separate line.

If you code “Other, specify,” enter the description of the type of strategy/activity on the same line.

The codes for use in column B are:

Information Dissemination

- 01 Clearinghouse/information resources centers
- 02 Resource directories
- 03 Media campaigns
- 04 Brochures
- 05 Radio and TV public service announcements
- 06 Speaking engagements
- 07 Health fairs and other health promotion, e.g., conferences, meetings, seminars
- 08 Information lines/Hot lines
- 09 Other, specify

Education

- 11 Parenting and family management
- 12 Ongoing classroom and/or small group sessions
- 13 Peer leader/helper programs
- 14 Education programs for youth groups
- 15 Mentors
- 16 Preschool ATOD prevention programs
- 17 Other, specify

Alternatives

- 21 Drug free dances and parties
- 22 Youth/adult leadership activities
- 23 Community drop-in centers
- 24 Community service activities
- 25 Outward Bound
- 26 Recreation activities
- 27 Other, specify

Problem Identification and Referral

- 31 Employee Assistance Programs
- 32 Student Assistance Programs
- 33 Driving while under the influence/driving while intoxicated education programs
- 34 Other, specify

Community-Based Process

- 41 Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training
- 42 Systematic planning
- 43 Multi-agency coordination and collaboration/coalition
- 44 Community team-building
- 45 Accessing services and funding
- 46 Other, specify

Environmental

- 51 Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools
- 52 Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
- 53 Modifying alcohol and tobacco advertising practices
- 54 Product pricing strategies
- 55 Other, specify

Other prevention activities

For any prevention activity not included in the list above, code the activity using codes beginning with “71” and enter a description on the same line. For example, if your State uses three unique primary prevention activities that do not fit into any of the categories above, enter the code “71” in column B and description of the activity. The second activity would be coded as “72” and its description would be entered on a separate line. The third strategy would be coded as “73,” etc.

Column C: Providers

This column records the number of providers performing each of the activities identified in Column B. Providers are those entities reported on Form 6 of the application as having expended primary prevention set-aside funds.

Enter the total number of providers that employ a specific strategy/activity to address the prevention needs of a risk category before proceeding to the next line.

<i>Prevention Strategy Report Risk-Strategies</i>		
State:		
Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Substance Abusers [1]		
Pregnant Women / Teens [2]		
Drop-Outs [3]		
Violent and Delinquent Behavior [4]		
Mental Health Problems [5]		
Economically Disadvantaged [6]		
Physically Disabled [7]		
Abuse Victims [8]		
Already Using Substances [9]		
Homeless and/or Runaway Youth [10]		
Other, Specify [11]		

4. How to complete Forms 7A and 7B

These items require the completion of the Treatment Utilization Matrix (Forms 7A) and the matrix for Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use in State-Funded Services (Form 7B).

These Forms are intended to capture the unduplicated count of persons with initial admissions to an episode of care (as defined in the Treatment Episode Data System standards) **during the 12-month State expenditure period you designated on Form 1. Note that in Form 7A**, column B is a subset of column A. Numbers admitted seeks to capture information by level of care on the number of initial admission to an episode of care **during the 12-month State expenditure period you designated on Form 1.** Clients served during the State Expenditure Period is a subset of Column A requiring the State to count individuals only once for each level of even if they terminate and are readmitted to that level of care during the 12-month time period. A client is defined as an individual served even if the only service they receive is admission.

In Form 7B, each client with an initial admission to any level of care during the State Expenditure Period is to be reported only **once**. Note that the Form 7A rows are not to be totaled nor would that total be expected to equal the total of Form 7B.

Form 7A documents the levels and amounts of care purchased Statewide **during the 12-month State expenditure period you designated on Form 1**, by the principal agency of the State administering the block grant. Include **all** care purchased with public dollars, regardless of the source of funds.

How to Complete Form 7A (Treatment Utilization Matrix)

The rows on Form 7A define levels of care. The definitions are as follows:

DETOXIFICATION (24-HOUR CARE)

Row 1: Hospital inpatient – Twenty-four hour/day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal.

Row 2: Free-standing residential – Twenty-four hour/day services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment.

REHABILITATION/RESIDENTIAL

Row 3: Hospital inpatient - Twenty-four hour/day medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.

Row 4: Short-term (up to 30 days) – Short-term residential, typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

Row 5: Long-term (over 30 days) - Long-term residential, typically over 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency (may include transitional living arrangements such as halfway houses).

AMBULATORY (OUTPATIENT)

Row 6: Outpatient – Treatment/recovery/aftercare or rehabilitation services provided where the patient does not reside in a treatment facility. The patient receives drug abuse or alcoholism treatment services with or without medication, including counseling and supportive services. Day treatment is included in this category. This also is known as nonresidential services in the alcoholism field.

Row 7: Intensive outpatient – Services provided to a patient that last two or more hours per day for three or more days per week.

Row 8: Detoxification – Outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

Row 9: Methadone - Report the number of clients who received methadone services as a planned part of their treatment.

Reporting on Form 7A Levels of Care (Treatment Utilization Matrix)

All numbers should reflect treatment services provided to clients with an initial admission to an episode of care **during the 12-month State Expenditure Period that you designated on Form 1**. Your State may not have funded all levels of care. If any row is not applicable, enter zeroes in the appropriate columns.

States must report treatment utilization data in columns A and B and are requested to report data in columns C, D, and E if possible.

Column A: Report the total number of initial admissions to an episode of care for each of the nine levels of care during the 12-month State Expenditure Period designated on Form 1. Each re-admission of a client that occurs during the applicable 12-month time frame would be counted.

Column B: Report the unduplicated number of persons served within the set of persons who were admitted during the 12-month period specified on form 1. Note that column B is a subset of column A. Clients served during the State Expenditure Period are counted only once in each applicable level of care, even if they terminate and are readmitted during the 12-month time period.

Column C: Report the mean cost per person served for each of the nine levels of care. The mean cost is the total cost, including operating and capital costs, divided by the number of persons served. If your program offers services to family members and others besides the client, then count only those persons who actually have a treatment record and have received counseling

or treatment services. For example, children would not be counted if they receive only daycare within a women's program that is providing treatment to their mother.

Column D: Report the median cost per person for each of the nine levels of care.

Column E: Report the standard deviation of cost per person for each of the nine levels of care.

Treatment Utilization Matrix					
Dates of State expenditure period from _____ to _____ (Same as Form 1)					
STATE:			Costs per Person		
LEVEL OF CARE	A. Number of Admissions	B. Number of Persons Served	C. Mean Cost of Services	D. Median Cost of Services	E. Standard Deviation of Cost
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient			\$	\$	\$
2. Free-Standing Residential			\$	\$	\$
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient			\$	\$	\$
4. Short-term (up to 30 days)			\$	\$	\$
5. Long-term (over 30 days)			\$	\$	\$
AMBULATORY (OUTPATIENT)					
6. Outpatient			\$	\$	\$
7. Intensive Outpatient			\$	\$	\$
8. Detoxification			\$	\$	\$
9. Methadone			\$	\$	\$

Reporting on Form 7B (Number of Persons Served [Unduplicated Count] for Alcohol and Other Drug Use in State-Funded Services)

In Form 7B, each client initiating care during the State Expenditure Period is to be reported on this form according to age, sex, racial and ethnic categories. In addition, this form also documents the number of clients who were pregnant. These data aggregations by race and ethnicity are the categories required by the October 30, 1997 revision of *OMB Statistical Policy Directive No. 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting* (<http://www.whitehouse.gov/omb/fedreg/ombdir15.html>).

Form 7B covers persons admitted and served through care purchased statewide by the principal agency of your State that administered the block grant **during the 12-month State Expenditure Period you designated on Form 1**. Include **all** care purchased with public dollars, regardless of the source of funds.

Column A: Report the total number of persons served statewide (unduplicated count) for each age group in rows 1 through 5, with the sum of persons in all age groups shown in row 6. Row 7 is the total number of these clients who were pregnant.

Columns B through H: Report the number of persons served (unduplicated count) for rows 1 through 5 across sex and race/ethnicity columns B through H. For the “total” row 6, enter the number of persons served for the total group captured within each column. The total of columns B through H should equal the total reported in Column A.

Columns I and J: Report the number of persons by sex and age who are either (I) not Hispanic or Latino or (J) Hispanic or Latino. Note that the total of Columns I and J should also equal the total reported in Column A. In row 7, the total number of pregnant clients in columns I and J, as well as the total number in columns B through H, should both equal the total in Column A.

- Did the values reported by your State on Forms 7A and 7B come from a client-based system(s) with unique client identifiers?

☐ Yes

☐ No

In the second section of Form B, report the Numbers of Persons Served during this period who were admitted prior to the current 12 month reporting period but were not counted in the first section of Form 7B.

NUMBER OF PERSONS SERVED (UNDUPLICATED COUNT) FOR ALCOHOL AND OTHER DRUG USE IN STATE-FUNDED SERVICES

BY AGE, SEX, AND RACE/ETHNICITY

State:

SEX AND RACE/ETHNICITY

AGE	A. TOTAL	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 & UNDER																			
2. 18 - 24																			
3. 25 - 44																			
4. 45 - 64																			
5. 65 AND OVER																			
6. TOTAL																			
7. PREGNANT WOMEN																			

NUMBERS OF PERSONS SERVED WHO WERE ADMITTED IN A PERIOD PRIOR TO THE 12 MONTH REPORTING PERIOD

5. Maintenance of Effort (MOE) Tables: (Single State Agency (SSA) MOE, TB MOE, HIV MOE, and Women's Base).

Instructions and Forms for completing Tables I through IV

If the State uses BGAS, these forms are prepopulated with data reported in prior years. The State may request to remove this data by clicking the button on the relevant MOE form in Web-BGAS.

Table I

Table I is a Maintenance of Effort (MOE) table tracking substance abuse funds flowing through the SSA during each State fiscal year (SFY).

- Enter expenditures for SFYs 2004, 2005, and 2006 in the corresponding boxes (B1, B2 and B3) in column B. (The State may, with approval from the Secretary, exclude from the calculation non-recurring expenditures awarded to the SSA for a specific purpose for SFY 2001 and subsequent fiscal years, see below).
- Compute the average of the amounts in B1 and B2 by adding the two amounts and dividing by 2. Enter the resulting average in Box C2.

The MOE for State fiscal year (SFY) 2006 is met if the amount in Box B3 is greater than or equal to the amount in Box C2 assuming the State complied with MOE requirements in these previous years.

The State may request an exclusion of certain non-recurring expenditures for a singular purpose from the calculation of the MOE, provided it meets CSAT approval based on review of the following information:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes ____ No ____

If yes, specify the amount _____.

Did the State include these funds in previous year MOE calculations? Yes ____ No ____.

When did the State submit a request to the SAMHSA Administrator to exclude these funds from the MOE calculations? (Date) _____ / _____ / _____

Table I

Total Single State Agency (SSA) Expenditures for Substance Abuse

Period	Expenditures	$\frac{B1 (2004) + B2 (2005)}{2}$
(A)	(B)	(C)
SFY 2004 (1)		
SFY 2005 (2)		
SFY 2006 (3)		

Are the expenditure amounts reported in Columns B “actual” expenditures for the State fiscal years involved?

FY 2004	Yes___	No___
FY 2005	Yes___	No___
FY 2006	Yes___	No___

If estimated expenditures are provided, please indicate when “actual” expenditure data will be submitted to SAMHSA: mm/dd/yyyy

Table II

Table II is a MOE table tracking all Statewide, non-Federal funds spent on Tuberculosis (TB) services to substance abusers in treatment during each SFY.

1. Enter State funds spent on TB services for SFY 1991 in box A1 of Table II (Base).
2. Enter the actual or estimated percent of these funds that was spent on substance abusers in treatment for SFY 1991 in box B1 of Table II (Base).
3. Divide this percent by 100 to change it to a decimal.
4. Multiply the amount in box A1 by the decimal value of the amount in box B1. Enter the resulting amount in box C1 of Table II (Base).
5. Follow the same procedure for row 2 in Table II (Base) as was done in row 1.
6. Compute the average of the amounts in boxes C1 and C2. Enter the resulting average (MOE Base) in box D2.
7. Follow the above procedure (steps 1 through 4) for rows 3 and 4 of Table II (Maintenance).

The TB MOE is met in State fiscal year 2006, if the amount in box C3 is equal to or greater than the amount in box D2 of the top chart.

Table II (BASE)

Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in
Treatment

Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment	Total State Funds Spent on Clients who were Substance Abusers in Treatment (AxB)	Average of Column C1 and C2 $\frac{C1 + C2}{2}$ (MOE BASE) (D)
	(A)	(B)	(C)	
SFY 1991 (1)				
SFY 1992 (2)				

Table II (MAINTENANCE)

Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in
Treatment

Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment	Total State Funds Spent on Clients who were Substance Abusers in Treatment (AxB)
	(A)	(B)	(C)
SFY 2006 (3)			

Table III

Table III is an MOE table that tracks all non-Federal funds spent on early intervention services for HIV provided to substance abusers in treatment at the site at which they receive substance abuse treatment during each SFY. If you use Web-BGAS, Web-BGAS will provide you with the appropriately configured table. If you plan to use the MS Word version, you must complete the generic table using the instructions below.

COMPLETE TABLE III ONLY IF YOUR STATE WAS A DESIGNATED STATE

1. If you are a designated State, enter the most recent Federal fiscal year in which your State became a designated State.
2. Enter State funds spent on early intervention services for HIV during the two years prior to the year you have identified in response to Number 1 above in boxes A1 and A2 in the left chart.
3. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.
4. Enter State funds spent on early intervention services for HIV for State fiscal year 2006 box A3 of the right chart (MAINTENANCE).

The HIV MOE is met in State fiscal year 2006, if the amount in box A3 in the right chart (MAINTENANCE), is equal to or greater than the amount in box B2 of the corresponding left chart (MOE Base).

Table III (BASE And MAINTENANCE)

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (**Table III**)

Enter the year in which your State last became a designated State, FFY _____. Enter the 2 prior years' expenditure data in A1 and A2.

Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

(BASE)		
Period	Total of All State Funds Spent on Early Intervention Services for HIV	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base)
	(A)	(B)
SFY _____ (1)		
SFY _____ (2)		

(MAINTENANCE)	
Period	Total of All State Funds Spent on Early Intervention Services for HIV
	(A)
SFY 2006 (3)	

Table IV

Table IV tracks the total (block grant and State) expenditures for services to substance using pregnant women and women with dependent children during each fiscal year.

1. For 1994, enter the base in column A.
2. For Federal fiscal year 1995 and subsequent fiscal years the States must maintain expenditures for services for pregnant women and women with dependent children at a level that is not less than the FY 1994 expenditures; however, the expenditures may be any combination of SAPT Block Grant and State general revenue (including the State's contribution to Medicaid). Report State Fiscal Years 2004, 2005, and 2006 expenditures in column B.

Table IV (MAINTENANCE)
Expenditures for Services to Pregnant Women
and Women with Dependent Children

Period	Total Women's BASE (A)	Total Expenditures (B)
1994		
2004		
2005		
2006		
Enter the amount the State plans to expend in FY 2007 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$_____		

**SECTION III: STATE PLAN – INTENDED USE OF FY 2007
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT FUNDS**

This section describes how the State will use the FY 2007 SAPT Block Grant award. The following is an overview of its information requirements:

Item		What you need to submit
(See Section II for narratives of intended goals, objectives, activities)		
1.	Planning	Narrative and checklist
2.	Needs assessment summary	Form 8 plus narrative
3.	Needs by age, sex, and race/ethnicity	Form 9
4.	Intended use plan	Form 11 and two checklists
5.	Treatment capacity	Form 12
6.	Purchasing services	Two Checklists
7.	Program performance monitoring	Checklist

1. Planning

This item addresses compliance of the State's planning procedures with several statutory requirements. It requires completion of narratives and a checklist.

These are the statutory requirements:

- 42 U.S.C. 300x-29 requires the State to submit a Statewide assessment of need for both treatment and prevention.
- 42 U.S.C. 300x-51 requires the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of **up to three pages**, describe how your State carries out sub-State area planning and determines which areas have the highest incidence, prevalence, and greatest need. Include a definition of your State's sub-State planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. If there is a State, regional, or local advisory council, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need. If there is a State Epidemiological Workgroup or a State Epidemiological Outcomes Workgroup, describe its composition and its role in needs assessment, planning, and evaluation processes.

In a narrative of **up to two pages**, describe the process your State used to facilitate public comment in developing the State's plan and its FY 2007 application for SAPT Block Grant funds.

Criteria for Allocating Funds

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2007 block grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is "incidence and prevalence levels," put a "1" in the box beside that option. If two or more criteria are equal, assign them the same number.

- ☐ Population levels (Specify formula: _____)
- ☐ Incidence and prevalence levels
- ☐ Problem levels as estimated by alcohol/drug-related crime statistics
- ☐ Problem levels as estimated by alcohol/drug-related health statistics
- ☐ Problem levels as estimated by social indicator data
- ☐ Problem levels as estimated by expert opinion
- ☐ Resource levels as determined by (specify method)_____.
- ☐ Size of gaps between resources (as measured by) and needs (as estimated by).
- ☐ Other (specify):

2. Needs assessment summary

These items involve completion of the Treatment Needs Assessment Summary Matrix (Form 8), the Needs by Age, Sex and Race/Ethnicity (Form 9), and a narrative explaining how the State arrived at the numbers entered on these forms, the biases of the data, and how the State intends to improve the reliability and validity of its data. This information is required by statute and regulation (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

How to complete the Treatment Needs Assessment Summary Matrix (Form 8)

Before you begin entering numbers, look at columns 6 and 7. It is the intent of Congress to target funding to areas severely impacted by substance use and trade. There are various ways to measure both the prevalence of substance-related criminal activity and the incidence of communicable diseases. With input from the States, CSAT has designated two indices for **column 6** (Prevalence of substance-related criminal activity). These indices are:

- number of DWI (driving while intoxicated) arrests
- number of drug-related arrests

The time period on which you report in this column is the **last calendar year for which you have the data**. In addition, you may use a third index of your choice for this column. If you choose to do so, write your index in the blank space in column 6C. If you choose not to enter a third index, cross out column 6C.

With input from the States, CSAT has designated three indices for **column 7** (Incidence of communicable diseases). These indices are:

- number of cases of Hepatitis B per 100,000 population
- number of cases of AIDS per 100,000 population
- number of cases of Tuberculosis per 100,000 population

Before you begin to enter data, fill in the box over column 6 indicating the time period covered by the entries you will make in that column.

Following are instructions for completing each column:

Column 1: Sub-State planning area – Enter the name of each sub-State planning area.

Column 2: Total population – Enter the total population of the sub-State planning area.

Column 3: Total population in need – Enter on the **left** side (A) the area's total population in need of substance abuse treatment services, including those already receiving treatment. Enter on the **right** side (B) those who would seek treatment but are not currently being served.

Column 4: Number of IVDUs in need – Enter on the **left** side (A) the area’s total number of IVDUs in need, including those in treatment. Enter on the **right** side (B) those who would seek treatment but are not currently being served.

Column 5: Number of women in need – Enter on the **left** side (A) the area’s total number of women in need of substance abuse services, including those in treatment. Enter on the **right** side (B) those who would seek it but are not currently being served.

Column 6: Prevalence of substance-related criminal activity – Using the indices provided and the one you may have selected and written in, enter the appropriate numbers.

Column 7: Incidence of communicable diseases – Using the indices provided, enter the appropriate numbers. Do not enter data as fractions. For example, if there are 40.2 cases per 100,000 population, write “40.2” rather than “40.2/100,000.”

How your State determined the estimates for Form 8 and Form 9

Under 42 U.S.C. 300x-29 and 45 C.F.R. 96.133, States are required to submit annually a needs assessment. This requirement is not contingent on the receipt of Federal needs assessment resources. States are required to use the best available data. Using **up to three pages**, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources and dates or timeframes for the data used in making these estimates reported in both Forms 8 and 9. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

TREATMENT NEEDS ASSESSMENT SUMMARY MATRIX

State: _____

Calendar Year _____

1. Substate planning area	2. Total population	3. Total population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other (specify): _____	A. Hepatitis B/ 100,000	B. AIDS/ 100,000	C. Tuberculosis/ 100,000

3. Needs by age, sex, and race/ethnicity (Form 9).

This item requires completion of one worksheet for treatment (Form 9). The form is self-explanatory, distributing the populations by age, sex, and race-ethnicity. The total of columns B through H should equal the total reported in column A (this total should also equal the sum of columns I and J).

TREATMENT NEEDS BY AGE, SEX, AND RACE/ETHNICITY																			
State: <input type="text"/>																			
SEX AND RACE/ETHNICITY																			
AGE	A. TOTAL	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 & UNDER																			
2. 18-24																			
3. 25-44																			
4. 45-64																			
5. 65 AND OVER																			
6. TOTAL																			

4. Intended use plan (Form 11)

This item requires the completion of the Intended Use Plan (Form 11). The form is similar to the Substance Abuse State Agency Spending Report (Form 4) that you completed in Section II of the application. To complete Row 1 through Row 6, please refer to the instructions for Form 4 found on page 40.³

☞ Row 1: Total expenditures for substance abuse treatment and rehabilitation.

Instructions for columns A through F: Remember to enter **only** those funds to be spent by the agency administering the FY 2007 SAPT Block Grant and to enter figures in whole dollar amounts.

☞ Most States report that they use the full 24-month period to spend block grant funds. The intent is to determine how much funding from other sources is available to the principal agency of the State for substance abuse prevention and treatment services during the same period. Even if your State plans to spend the FY 2007 award in less than 24 months, report for the full 24-month period in columns B through F.

Column A: FY 2007 SAPT Block Grant – Enter the amounts of FY 2007 block grant funds your State plans to spend on each activity. Base your entries on the amount allocated under the President’s FY 2007 Budget Request. This budget has not yet been approved and is only an estimate. Those estimates are provided on pages 147-150.

Column B: Medicaid – Base your entries on an **estimate** of Medicaid funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

Column C: Other Federal funds – Base your entries on an **estimate** of other Federal funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

Column D: State funds – Base your entries on an **estimate** of State funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

Column E: Local funds – Base your entries on an **estimate** of local funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

³ Table 14, **Reported AIDS cases and annual rates (per 100,000 population), by area of residence and age category, cumulative through 2004—United States**, HIV/AIDS Surveillance Report, 2004 (Vol. 16). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (pages 1-46). Also available at “<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/table14.htm>.”

Column F: Other – Base your entries on an **estimate** of other funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award**.

Definitions of the funding sources in columns B through F were provided in the instructions for Form 04 in Section II of this application.

INTENDED USE PLAN

(Include ONLY funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form.)

State:	SOURCE OF FUNDS					
	(24 Month Projection)					
ACTIVITY (See instructions for using Row 1.)	A. FY 2007 SAPT Block Grant	B. Medicaid (Federal, State, and local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State funds	E. Local funds (excluding local Medicaid)	F. Other
1. Substance Abuse Treatment and Rehabilitation						
2. Primary Prevention						
3. Tuberculosis Services						
4. HIV Early Intervention Services						
5. Administration (excluding program / provider level)						
6. Column Total						

Detailing planned expenditures on primary prevention (Row 2) of Form 11

Primary prevention activities are those directed at individuals who do not require treatment for substance abuse. In implementing the comprehensive primary prevention program, the State shall use a variety of strategies including but not limited to the following. If a State employs strategies not covered by these six categories, please report them under “Other” in a separate row for each one. PLEASE NOTE CATEGORY FOR REPORTING COSTS ASSOCIATED WITH IMPLEMENTING SECTION 1926–TOBACCO.

(1) Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Clearinghouse/information resource center(s);
- (ii) Resource directories;
- (iii) Media campaigns;
- (iv) Brochures;
- (v) Radio/TV public service announcements;
- (vi) Speaking engagements;
- (vii) Health fairs/health promotion; and
- (viii) Information line.

(2) Education: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Classroom and/or small group sessions (all ages);
- (ii) Parenting and family management classes;
- (iii) Peer leader/helper programs;
- (iv) Education programs for youth groups; and
- (v) Children of substance abusers groups.

(3) Alternatives: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or

obviate resort to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Drug free dances and parties;
- (ii) Youth/adult leadership activities;
- (iii) Community drop-in centers; and
- (iv) Community service activities.

(4) Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Employee assistance programs;
- (ii) Student assistance programs; and
- (iii) Driving while under the influence/driving while intoxicated education programs.

(5) Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training;
- (ii) Systematic planning;
- (iii) Multi-agency coordination and collaboration;
- (iv) Accessing services and funding; and
- (v) Community team-building.

(6) Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following:

- (i) Promoting the establishment or review of alcohol, tobacco and drug use policies in schools;

- (ii) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drug use;
 - (iii) Modifying alcohol and tobacco advertising practices; and
 - (iv) Product pricing strategies.
- (7) Other: The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies it may be classified in the “Other” category.

Section 1926 - Tobacco

- (8) Costs Associated with the Development and Conduct of Random, Unannounced Tobacco Inspections-include aggregate costs associated with carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.

Primary Prevention Planned Expenditures Checklist

Estimated data are acceptable in this checklist.

	Block Grant <u>FY 2007</u>	Other <u>Federal</u>	<u>State</u>	<u>Local</u>	<u>Other</u>
<input type="checkbox"/> Information Dissemination	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Education	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Alternatives	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Problem Identification and Referral	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Community-based Process	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Environmental	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Other	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Section 1926-Tobacco	\$_____	\$_____*	\$_____*	\$_____*	\$_____
TOTAL	\$_____	\$_____	\$_____	\$_____	\$_____

*Please list all sources, if possible (e.g., Center for Disease Control and Prevention block grant, foundations).

Resource Development Planned Expenditure Checklist (Form 11b)

How to report planned expenditures on substance abuse resource development activities

Your State may plan to spend FY 2007 block grant funds on substance abuse resource development activities. These kinds of activities were described in Section II. Complete the following checklist:

Does your State plan to fund resource development activities with FY 2007 funds?

☐ Yes ☐ No

If **yes**, show the **estimated** amounts that will be spent in the table below:

	<u>Treatment</u>	<u>Prevention</u>	<u>Additional Combined</u>	<u>Total</u>
<input type="checkbox"/> Planning, coordination, and needs assessment	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Quality assurance	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Training (post-employment)	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Education (pre-employment)	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Program development	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Research and evaluation	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Information systems	\$_____	\$_____	\$_____	\$_____
TOTAL	\$_____	\$_____	\$_____	\$_____

Remember that resource development expenditures are not limited to row 5, Form 11 (Administration). You may plan resource development expenditures from rows 1 through 5.

5. Treatment Capacity Matrix (Form 12)

This involves completion of the Treatment Capacity Matrix (Form 12). It is identical to Form 7A, except that you enter information about **the 24-month period during which your principal agency of the State is permitted to spend the FY 2007 block grant award**. This is the same period covered on the Intended Use Plan (Form 11), and you have already estimated how much money the principal agency of the State will obligate and spend.

Column A: Report the number of planned admissions (total admissions) for each of the nine levels of care.

Column B: Report the unduplicated number of persons to be served within the number of planned admissions. Note that Column B is a subset of column A. For planning purposes, the planned number of clients to be served during the 24-month period covered in Form 12 State Expenditure Period are counted only once in each applicable level or care, even if it is expected that these clients may terminate and be readmitted during the 24-month time period.

Treatment Capacity Matrix

This form contains data covering a 24 month projection for the period during which your principal agency of the State is permitted to spend the FY 2007 block grant award.

STATE:

LEVEL OF CARE	A. Number of Admissions	B. Number of Persons Served
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient		
2. Free-Standing Residential		
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient		
4. Short-term (up to 30 days)		
5. Long-term (over 30 days)		
AMBULATORY (OUTPATIENT)		
6. Outpatient		
7. Intensive Outpatient		
8. Detoxification		
9. Methadone		

6. Purchasing services

This item requires completing two checklists.

Methods for Purchasing

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2007 block grant award. Indicate the proportion of funding that is expended through the applicable procurement mechanism.

- | | | |
|--------------------------|---|-------------------------|
| <input type="checkbox"/> | Competitive grants | Percent of Expense_____ |
| <input type="checkbox"/> | Competitive contracts | Percent of Expense_____ |
| <input type="checkbox"/> | Non-competitive grants | Percent of Expense_____ |
| <input type="checkbox"/> | Non-competitive contracts | Percent of Expense_____ |
| <input type="checkbox"/> | Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services | Percent of Expense_____ |
| <input type="checkbox"/> | Other | Percent of Expense_____ |

Total: 100%

(The total for the above categories should equal 100 percent.)

- | | | |
|--------------------------|--|-------------------------|
| <input type="checkbox"/> | According to county or regional priorities | Percent of Expense_____ |
|--------------------------|--|-------------------------|

Methods for Determining Prices

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply. In addressing a State's allocation of resources through various payment methods, a State may choose to report either the proportion of expenditures or proportion of clients served through these payment methods. Estimated proportions are acceptable.

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Line item program budget | Percent of Clients Served _____
Percent of Expenditures _____ |
| <input type="checkbox"/> | Price per slot | Percent of Clients Served _____
Percent of Expenditures _____ |
| | Rate: _____ Type of slot: _____ | |
| | Rate: _____ Type of slot: _____ | |
| | Rate: _____ Type of slot: _____ | |
| <input type="checkbox"/> | Price per unit of service | Percent of Clients Served _____
Percent of Expenditures _____ |
| | Unit: _____ Rate: _____ | |
| | Unit: _____ Rate: _____ | |
| | Unit: _____ Rate: _____ | |
| <input type="checkbox"/> | Per capita allocation (Formula): | Percent of Clients Served _____
Percent of Expenditures _____ |
| <input type="checkbox"/> | Price per episode of care: | Percent of Clients Served _____
Percent of Expenditures _____ |
| | Rate: _____ Diagnostic group: _____ | |
| | Rate: _____ Diagnostic group: _____ | |
| | Rate: _____ Diagnostic group: _____ | |

7. Program performance monitoring

The purpose of this item is to document how the principal agency of the State will monitor and evaluate the performance of substance abuse service providers that receive State and/or block grant funds. Use the following checklist to indicate what methods your State uses. Check all that apply. When you are asked for frequency in the items below, use the following choices:

- monthly
- quarterly
- semi-annually
- annually
- every two years
- ☐ On-site inspections
Frequency for treatment: ()
Frequency for prevention: ()
- ☐ Activity reports
Frequency for treatment: ()
Frequency for prevention: ()
- ☐ Management information system
- ☐ Patient/participant data reporting system
Frequency for treatment: ()
Frequency for prevention: ()
- ☐ Performance contracts
- ☐ Cost reports
- ☐ Independent peer review
- ☐ Licensure standards - programs and facilities
Frequency for treatment: ()
Frequency for prevention: ()
- ☐ Licensure standards - personnel
Frequency for treatment: ()
Frequency for prevention: ()
- ☐ Other (Specify): _____.